



AF/3736
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Attorney Docket No. 46601-15001

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:

)

TOROK et al.

) Art Unit: 3736

Serial No.: 09/758,978

) Examiner: Robert L. Nasser

Filing Date: January 12, 2001

)

For: SYSTEM FOR IDENTIFYING PREMATURE RUPTURE
OF MEMBRANE DURING PREGNANCY

TRANSMITTAL

Mail Stop AF
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

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TECHNOLOGY CENTER R3700

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Mail Stop AF, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on June 10, 2003.

By _____

Sir:

Transmitted herewith is an Amendment, Applicant's Responsive Paper-B, in response to an office action in the above-identified application.

- Small entity status of this application under 37 C.F.R. §§ 1.9 and 1.27 has been established by a verified statement previously submitted.
- A verified statement to establish small entity status under 37 C.F.R. §§ 1.9 and 1.27 is enclosed.

Petition For Extension Of Time

Applicant(s) petitions for a two-month extension of time under 37 C.F.R. § 1.136, the fee for which is \$205.00.

Applicant(s) believes that no petition for an extension of time is necessary. However, to the extent that such petition is deemed necessary, applicant(s) hereby petition for a sufficient extension of time to render the present submission timely. Please charge Deposit Account No. 04-1061 for the appropriate petition fee.

No additional claim fee is required.

Other:

The claim fee has been calculated as shown below:

				SMALL ENTITY		OTHER THAN A SMALL ENTITY		
CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	EXTRA CLAIMS PRESENT	RATE	ADDITIONAL CLAIM FEE	RATE	ADDITIONAL CLAIM FEE	
TOTAL	11	MINUS	34	= 0	x 9=	\$	x 18=	\$0
INDEPENDENT	3	MINUS	8	= 0	x 40=	\$	x 80=	\$0
<input type="checkbox"/> FIRST PRESENTATION OF MULTIPLE CLAIM				+ 135=	\$	+ 270=	\$	
				TOTAL	\$	TOTAL	\$0	

Please charge my Deposit Account No. 04-1061 in the amount of \$205.00. A duplicate copy of this sheet is attached.

A check in the amount of \$ _____ is attached.

The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 04-1061. A duplicate copy of this sheet is attached.

In re Application of TOROK et al.
Application Serial No. 09/758,978

- Any filing fees under 37 C.F.R. § 1.16 for the presentation of extra claims.
- Any patent application processing fees under 37 C.F.R. § 1.17.

Respectfully submitted,

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